

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000071795

FILED
Apr 30, 2009
Secretary of State

Entity Name: GEMINI RANCH LAKE 10, LLC

Current Principal Place of Business:

16740 BIRKDALE COMMONS PARKWAY
SUITE 301
HUNTERSVILLE, NC 28078

New Principal Place of Business:

Current Mailing Address:

16740 BIRKDALE COMMONS PARKWAY
SUITE 301
HUNTERSVILLE, NC 28078

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASSARO, DANTE A MGR
32 HANNAH COLE DRIVE
ST. AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MASSARO, DANTE A.
Address: 16740 BIRKDALE COMMONS PKY. # 301
City-St-Zip: HUNTERSVILLE, NC 28078

Title: MGR () Delete
Name: NEWKIRK, JOSEPHINE L.
Address: 16740 BIRKDALE COMMONS PKY #301
City-St-Zip: HUNTERSVILLE, NC 28078

Title: MGR () Delete
Name: NEWKIRK, ROGER S.
Address: 16740 BIRKDALE COMMONS PKY # 301
City-St-Zip: HUNTERSVILLE, NC 28078

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DANTE A. MASSARO MGR 04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date